



Join the IAM Form

Mail To: IAMAW District W3
718 Grand Avenue
Schofield, WI 54476

Phone: (715) 355-9728

Fax To: (715) 355-9678

First Name: _____

Last Name: _____

Address1: _____

Address2: _____

City: _____

State: _____ **Zip:** _____

Email: _____

Phone: _____

Employer: _____

Address1: _____

Address2: _____

City: _____

State: _____ **Zip:** _____

Number Employees: _____ **Number Shifts:** _____